

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002886

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 7

FILED JAN 24 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in lb- 17 days	c. CITY- OR TOWN Eolia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Eolia
3. NAME OF DECEASED (Type or print) First William Middle Howard Last Elliott		4. DATE OF DEATH Month Jan Day 17 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 18 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk--retired farmer		10b. KIND OF BUSINESS OR INDUSTRY hardware store	11. BIRTHPLACE (City and state or country) Eolia, R.F.D. Mo
13a. FATHER'S NAME Drury Washington Elliott		13b. MOTHER'S MAIDEN NAME Alice Missouri Gibbs	14. NAME OF HUSBAND OR WIFE Clemma B. Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 022	17. INFORMANT Wife
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anteroselectic Cordes Vascular Disease		DUE TO (c) x Parkinsonian Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:00 Month, Day, Year 1/17/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/1/63	20f. CITY, TOWN, OR LOCATION 1/17/63		
21. I attended the deceased from 1/1/63 to 1/17/63 and last saw him alive on 1/17/63 Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>W. H. Elliott</i> (Degree or title) M.D.		22b. ADDRESS 122 S.3rd, Louisiana, Mo.	22c. DATE SIGNED 1/18/62
23. BURIAL, CREMATION, REMOVAL (Specify) 1-19-63	23b. DATE 1-19-63	23c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery	23d. LOCATION (City, town, or county) (State) Eolia Mo.
24. FUNERAL DIRECTOR Collier Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. 1-19-63	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George M. Collier

Licensed Embalmer No.

3839

P. O. Address

Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.